

06/23/03
U.S. PTO

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PTO/SB/05 (03-01)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

	Attorney Docket No.	47675-47
	First Inventor	Cathy Lofton-Day
	Title	METHODS AND NUCLEIC ACIDS FOR ANALYSES OF COLORECTAL CELL PROLIFERATIVE DISORDERS
	Express Mail Label No.	EV284452728US

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27. | 8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>405</u>] | a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) |
| - Descriptive title of the Invention | b. <input checked="" type="checkbox"/> Specification Sequence Listing on: |
| - Cross Reference to Related Applications | i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies); or |
| - Statement Regarding Fed sponsored R & D | ii. <input type="checkbox"/> paper |
| - Reference to sequence listing, a table, or a computer program listing appendix | c. <input checked="" type="checkbox"/> Statements verifying identity of above copies |
| - Background of the Invention | |
| - Brief Summary of the Invention | |
| - Brief Description of the Drawings (<i>if filed</i>) | |
| - Detailed Description | |
| - Claim(s) | |
| - Abstract of the Disclosure | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 51] | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 5. Oath or Declaration [Total Sheets 1] | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>) |
| a. <input type="checkbox"/> Newly executed (original or copy) | 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (<i>for a continuation/divisional with Box 18 completed</i>) | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 13. <input type="checkbox"/> Preliminary Amendment |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>Should be specifically itemized</i> |
| | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>) |
| | 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| | 17. <input checked="" type="checkbox"/> Other: Petition to the Commissioner |

18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) Claims priority from application No.

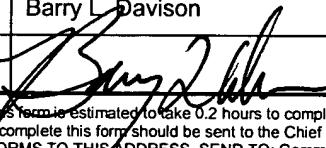
Prior application information

Examiner _____

Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Correspondence address below		or:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label  22504 PATENT TRADEMARK OFFICE	
Firm Name				
Address				
City, State, Zip				
Country				
Telephone	Fax			
Name (Print/Type)	Barry L Davison		Registration No. (Attorney/Agent)	
Signature			Date	
			June 23, 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,898**

Complete if Known

Application Number	To be assigned
Filing Date	June 23, 2003
First Named Inventor	Cathy Lofton-Day
Examiner Name	To be assigned
Art Unit	To be assigned
Attorney Docket No.	47675-47

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None				
<input type="checkbox"/> Deposit Account:							
Deposit Account Number	04-0258						
Deposit Account Name	Davis Wright Tremaine LLP						
The Commissioner is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments						
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee(\$)	Fee Code	Fee(\$)	Fee Description		Fee Paid	
1001	750	2001	375	Utility filing fee		375	
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
				SUBTOTAL (1)		(\$375)	
2. EXTRA CLAIM FEES							
Total Claims	99	- 20** =	79	Extra Claims	Fee from below	Fee Paid	
Independent Claims	19	- 3** =	16	x 9	= 711		
Multiple Dependent				x 42	= 672		
				140	= 140		
Large Entity				Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
				SUBTOTAL (2)		(\$1523)	
*or number previously paid, if greater; For Reissues, see above							
3. ADDITIONAL FEES				FEE DESCRIPTION (continued)			
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
1053	130	1053	130	Non-English specification			
1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	410	2252	205	Extension for reply within second month			
1253	930	2253	465	Extension for reply within third month			
1254	1,450	2254	725	Extension for reply within fourth month			
1255	1,970	2255	985	Extension for reply within fifth month			
1401	320	2401	160	Notice of Appeal			
1402	320	2402	160	Filing a brief in support of an appeal			
1403	280	2403	140	Request for oral hearing			
1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive – unavoidable			
1453	1,300	2453	650	Petition to revive – unintentional			
1501	1,300	2501	650	Utility issue fee (or reissue)			
1502	470	2502	235	Design issue fee			
1503	630	2503	315	Plant issue fee			
1460	130	1460	130	Petitions to the Commissioner			
1807	50	1807	50	Petitions related to provisional applications			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))			
1801	750	2801	375	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify) _____						SUBTOTAL (3) (\$0)	
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$0)	

SUBMITTED BY		Registration No. Attorney/Agent) 47,309	 22504 PATENT TRADEMARK OFFICE
Name (Print/Type) Barry L. Davison			
Signature		Date June 23, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:
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